

community, a top-rate school system, and active civic groups are showing the way to the future.

For three and a half centuries, Suffield has been a foundational part of the rich history of the Connecticut River Valley. The town has come a long way since its inception and continues to evolve with the times, while maintaining its idyllic, small-town charm. Congratulations again to the entire town of Suffield on this impressive anniversary: I am grateful to represent a town with such a storied past and an equally bright future.●

#### PRESIDENTIAL MESSAGE

#### REPORT ON THE CONTINUATION OF THE NATIONAL EMERGENCY THAT WAS ORIGINALLY DECLARED IN EXECUTIVE ORDER 13413 OF OCTOBER 27, 2006, WITH RESPECT TO THE SITUATION IN OR IN RELATION TO THE DEMOCRATIC REPUBLIC OF THE CONGO—PM 14

The PRESIDING OFFICER laid before the Senate the following message from the President of the United States, together with an accompanying report; which was referred to the Committee on Banking, Housing, and Urban Affairs:

*To the Congress of the United States:*

Section 202(d) of the National Emergencies Act (50 U.S.C. 1622(d)) provides for the automatic termination of a national emergency unless, within 90 days prior to the anniversary date of its declaration, the President publishes in the *Federal Register* and transmits to the Congress a notice stating that the emergency is to continue in effect beyond the anniversary date. In accordance with this provision, I have sent to the *Federal Register* for publication the enclosed notice stating that the national emergency with respect to the situation in or in relation to the Democratic Republic of the Congo declared in Executive Order 13413 of October 27, 2006, is to continue in effect beyond October 27, 2021.

The situation in or in relation to the Democratic Republic of the Congo, which has been marked by widespread violence and atrocities that continue to threaten regional stability, continues to pose an unusual and extraordinary threat to the foreign policy of the United States. Therefore, I have determined that it is necessary to continue the national emergency declared in Executive Order 13413 with respect to the situation in or in relation to the Democratic Republic of the Congo.

JOSEPH R. BIDEN, Jr.  
THE WHITE HOUSE, October 25, 2021.

#### MESSAGE FROM THE HOUSE

At 3:02 p.m., a message from the House of Representatives, delivered by Mrs. Cole, one of its reading clerks, an-

nounced that the House has passed the following bill, in which it requests the concurrence of the Senate:

H.R. 3110. An act to amend the Fair Labor Standards Act of 1938 to expand access to breastfeeding accommodations in the workplace, and for other purposes.

#### INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second times by unanimous consent, and referred as indicated:

By Ms. KLOBUCHAR (for herself, Ms. HIRONO, Mrs. FEINSTEIN, Mrs. SHAHEEN, Ms. SMITH, and Mr. BLUMENTHAL):

S. 3057. A bill to amend title 18, United States Code, to enhance criminal penalties for health related stalking, and for other purposes; to the Committee on the Judiciary.

By Mr. MURPHY:

S. 3058. A bill making appropriations for the Department of Homeland Security for the fiscal year ending September 30, 2022, and for other purposes; to the Committee on Appropriations.

By Mr. CORNYN (for himself, Mr. COONS, Mr. KENNEDY, Mr. WHITEHOUSE, Mr. DURBIN, Mr. CRUZ, Mr. GRASSLEY, and Mr. OSSOFF):

S. 3059. A bill to amend the Ethics in Government Act of 1978 to provide for a periodic transaction reporting requirement for Federal judicial officers and the online publication of financial disclosure reports of Federal judicial officers, and for other purposes; to the Committee on Homeland Security and Governmental Affairs.

By Mr. SCHATZ (for himself, Mr. BLUMENTHAL, Mr. PADILLA, Mr. CARDIN, Mr. SANDERS, Mr. WYDEN, Mr. BOOKER, Mr. WHITEHOUSE, Ms. KLOBUCHAR, Mr. DURBIN, Ms. DUCKWORTH, Mr. VAN HOLLEN, Ms. SMITH, and Mr. MURPHY):

S. 3060. A bill to amend title 18, United States Code, to establish an Office of Prison Education, and for other purposes; to the Committee on the Judiciary.

By Ms. COLLINS (for herself and Ms. SMITH):

S. 3061. A bill to amend title XVIII of the Social Security Act to eliminate the 190-day lifetime limit on inpatient psychiatric hospital services under the Medicare Program; to the Committee on Finance.

By Mrs. MURRAY:

S. 3062. A bill making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2022, and for other purposes; to the Committee on Appropriations.

#### SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. VAN HOLLEN (for himself and Mr. RUBIO):

S. Con. Res. 16. A concurrent resolution commemorating the 30th anniversary of Operation Provide Comfort; to the Committee on Foreign Relations.

#### ADDITIONAL COSPONSORS

S. 79

At the request of Mr. BOOKER, the names of the Senator from South Carolina (Mr. GRAHAM) and the Senator from Georgia (Mr. OSOFF) were added as cosponsors of S. 79, a bill to eliminate the disparity in sentencing for cocaine offenses, and for other purposes.

S. 488

At the request of Mr. HAGERTY, the name of the Senator from South Carolina (Mr. SCOTT) was added as a cosponsor of S. 488, a bill to provide for congressional review of actions to terminate or waive sanctions imposed with respect to Iran.

S. 535

At the request of Ms. ERNST, the names of the Senator from Montana (Mr. TESTER) and the Senator from Tennessee (Mr. HAGERTY) were added as cosponsors of S. 535, a bill to authorize the location of a memorial on the National Mall to commemorate and honor the members of the Armed Forces that served on active duty in support of the Global War on Terrorism, and for other purposes.

S. 644

At the request of Mr. DURBIN, the name of the Senator from Oklahoma (Mr. INHOFE) was added as a cosponsor of S. 644, a bill to amend title XVIII of the Social Security Act to restore State authority to waive for certain facilities the 35-mile rule for designating critical access hospitals under the Medicare program, and for other purposes.

S. 697

At the request of Ms. ROSEN, the names of the Senator from Massachusetts (Mr. MARKEY), the Senator from Ohio (Mr. BROWN) and the Senator from Tennessee (Mrs. BLACKBURN) were added as cosponsors of S. 697, a bill to require the Secretary of the Treasury to mint commemorative coins in recognition of the Bicentennial of Harriet Tubman's birth.

S. 749

At the request of Ms. HASSAN, the names of the Senator from California (Mrs. FEINSTEIN) and the Senator from Kansas (Mr. MARSHALL) were added as cosponsors of S. 749, a bill to amend the Internal Revenue Code of 1986 to enhance tax benefits for research activities.

S. 766

At the request of Ms. CORTEZ MASTO, the name of the Senator from Virginia (Mr. KAINE) was added as a cosponsor of S. 766, a bill to amend the Internal Revenue Code of 1986 to allow an above-the-line deduction for attorney fees and costs in connection with consumer claim awards.

S. 854

At the request of Ms. ERNST, her name was added as a cosponsor of S. 854, a bill to designate methamphetamine as an emerging threat, and for other purposes.

S. 912

At the request of Ms. HIRONO, the names of the Senator from Pennsylvania (Mr. CASEY) and the Senator from North Carolina (Mr. TILLIS) were added as cosponsors of S. 912, a bill to amend title XVIII of the Social Security Act to provide information regarding vaccines for seniors as part of the Medicare & You handbook and to ensure that the treatment of cost sharing for vaccines under Medicare part D is consistent with the treatment of vaccines under Medicare part B, and for other purposes.

S. 1106

At the request of Mr. BOOKER, the names of the Senator from California (Mrs. FEINSTEIN), the Senator from New Jersey (Mr. MENENDEZ) and the Senator from Minnesota (Ms. SMITH) were added as cosponsors of S. 1106, a bill to prohibit the sale of shark fins, and for other purposes.

S. 1125

At the request of Ms. STABENOW, the name of the Senator from Kansas (Mr. MORAN) was added as a cosponsor of S. 1125, a bill to recommend that the Center for Medicare and Medicaid Innovation test the effect of a dementia care management model, and for other purposes.

S. 1378

At the request of Ms. COLLINS, the name of the Senator from New Jersey (Mr. BOOKER) was added as a cosponsor of S. 1378, a bill to amend the Animal Welfare Act to allow for the retirement of certain animals used in Federal research, and for other purposes.

S. 1568

At the request of Mr. BROWN, the names of the Senator from Illinois (Mr. DURBIN) and the Senator from North Carolina (Mr. TILLIS) were added as cosponsors of S. 1568, a bill to amend title XVIII of the Social Security Act to provide a waiver of the cap on annual payments for nursing and allied health education payments.

S. 1613

At the request of Ms. DUCKWORTH, the name of the Senator from Connecticut (Mr. BLUMENTHAL) was added as a cosponsor of S. 1613, a bill to require the Administrator of the Small Business Administration to establish a grant program for certain fitness facilities, and for other purposes.

S. 1813

At the request of Mr. COONS, the name of the Senator from Hawaii (Ms. HIRONO) was added as a cosponsor of S. 1813, a bill to direct the Secretary of Health and Human Services to support research on, and expanded access to, investigational drugs for amyotrophic lateral sclerosis, and for other purposes.

S. 2011

At the request of Mr. COONS, the name of the Senator from Colorado (Mr. HICKENLOOPER) was added as a cosponsor of S. 2011, a bill to award a Congressional Gold Medal to honor the

contributions of all those whose efforts led to the successful development of life saving vaccines to combat the novel coronavirus.

S. 2086

At the request of Mr. DURBIN, the names of the Senator from Michigan (Ms. STABENOW), the Senator from Delaware (Mr. COONS) and the Senator from California (Mr. PADILLA) were added as cosponsors of S. 2086, a bill to improve the identification and support of children and families who experience trauma.

S. 2151

At the request of Mr. PETERS, the names of the Senator from North Carolina (Mr. TILLIS) and the Senator from Minnesota (Ms. KLOBUCHAR) were added as cosponsors of S. 2151, a bill to amend the Omnibus Crime Control and Safe Streets Act of 1968 to provide that COPS grant funds may be used for local law enforcement recruits to attend schools or academies if the recruits agree to serve in precincts of law enforcement agencies in their communities.

S. 2283

At the request of Mr. TESTER, the name of the Senator from Delaware (Mr. COONS) was added as a cosponsor of S. 2283, a bill to improve the Veterans Crisis Line of the Department of Veterans Affairs, and for other purposes.

S. 2395

At the request of Mr. CORNYN, the name of the Senator from South Carolina (Mr. SCOTT) was added as a cosponsor of S. 2395, a bill to require an annual feasibility report on cooperation between the National Guard and Taiwan, and for other purposes.

S. 2427

At the request of Mr. WICKER, the name of the Senator from Idaho (Mr. CRAPO) was added as a cosponsor of S. 2427, a bill to require the Federal Communications Commission to conduct a study and submit to Congress a report examining the feasibility of funding the Universal Service Fund through contributions supplied by edge providers, and for other purposes.

S. 2456

At the request of Mr. PETERS, the names of the Senator from Michigan (Ms. STABENOW) and the Senator from Hawaii (Mr. SCHATZ) were added as cosponsors of S. 2456, a bill to direct the Federal Communications Commission to take certain actions to increase diversity of ownership in the broadcasting industry, and for other purposes.

S. 2740

At the request of Mr. BROWN, the names of the Senator from Virginia (Mr. Kaine) and the Senator from West Virginia (Mrs. CAPITO) were added as cosponsors of S. 2740, a bill to establish a strategic active pharmaceutical ingredient reserve to maintain a domestic supply of active pharmaceutical ingredients and key starting materials

needed for the manufacturing of essential generic medicines, and to build a pipeline for domestic active pharmaceutical ingredient production.

S. 2881

At the request of Mr. CASEY, the name of the Senator from New Hampshire (Ms. HASSAN) was added as a cosponsor of S. 2881, a bill to assist States in improving guardianship oversight and data collection.

S. 2918

At the request of Mr. MARKEY, the name of the Senator from New Jersey (Mr. BOOKER) was added as a cosponsor of S. 2918, a bill to keep children safe and protect their interests on the internet, and for other purposes.

S. 2937

At the request of Mr. CARDIN, the name of the Senator from Michigan (Ms. STABENOW) was added as a cosponsor of S. 2937, a bill to authorize humanitarian assistance and civil society support, promote democracy and human rights, and impose targeted sanctions with respect to human rights abuses in Burma, and for other purposes.

S. 3011

At the request of Mr. CORNYN, the name of the Senator from New Hampshire (Ms. HASSAN) was added as a cosponsor of S. 3011, a bill to amend title VI of the Social Security Act to allow States and local governments to use coronavirus relief funds provided under the American Rescue Plan Act for infrastructure projects, improve the Local Assistance and Tribal Consistency Fund, provide Tribal governments with more time to use Coronavirus Relief Fund payments, and for other purposes.

S. 3056

At the request of Mr. SCOTT of South Carolina, the name of the Senator from Louisiana (Mr. CASSIDY) was added as a cosponsor of S. 3056, a bill to prohibit the implementation of new requirements to report bank account deposits and withdrawals.

S.J. RES. 10

At the request of Mr. KAINE, the name of the Senator from Rhode Island (Mr. WHITEHOUSE) was added as a cosponsor of S.J. Res. 10, a joint resolution to repeal the authorizations for use of military force against Iraq, and for other purposes.

S. RES. 377

At the request of Ms. ROSEN, the name of the Senator from Delaware (Mr. COONS) was added as a cosponsor of S. Res. 377, a resolution urging the European Union to designate Hizballah in its entirety as a terrorist organization.

S. RES. 390

At the request of Mr. GRAHAM, the name of the Senator from South Carolina (Mr. SCOTT) was added as a cosponsor of S. Res. 390, a resolution expressing appreciation for the State of Qatar's efforts to assist the United States during Operation Allies Refuge.

STATEMENTS ON INTRODUCED  
BILLS AND JOINT RESOLUTIONS

By Ms. COLLINS (for herself and  
Ms. SMITH):

S. 3061. A bill to amend title XVIII of the Social Security Act to eliminate the 190-day lifetime limit on inpatient psychiatric hospital services under the Medicare Program; to the Committee on Finance.

Ms. COLLINS. Mr. President, I rise today with my colleague, Senator TINA SMITH, to introduce the Medicare Mental Health Inpatient Equity Act, legislation that eliminates Medicare's arbitrary 190-day lifetime cap on inpatient services in psychiatric hospitals. Given the steps that Congress has already taken to establish parity and improve coverage of mental health services, this change is long overdue, particularly as the COVID-19 pandemic has worsened the already alarming trends in the mental health of some Americans.

Notably, an estimated 13.1 million adults aged 18 or older in the United States are living with serious mental illness, representing 5.2 percent of all adults nationwide. These illnesses, such as schizophrenia and bipolar disorder, are chronic conditions that require ongoing treatment and care over a lifetime. When left untreated, they can be some of the most debilitating and destructive illnesses afflicting Americans.

Unfortunately, our current mental health system is fragmented, and these individuals all too often lack access to the care that they need. That is why I have worked to improve mental health services across the lifespan and break down barriers to treatment. The legislation I am introducing today eliminates another barrier in Medicare, the 190-day lifetime cap on inpatient services in psychiatric hospitals.

Most Medicare beneficiaries treated in inpatient psychiatric facilities qualify because of a disability. As such, this current restriction disproportionately impacts non-elderly Medicare beneficiaries—mainly those living with schizophrenia and bipolar disorder who may be diagnosed at a younger age and stay on Medicare longer as a result. Sadly, it is young adults aged 18 to 25 years who currently have the highest prevalence of serious mental illness of any age group.

Furthermore, no other Medicare inpatient service has these types of arbitrary caps, which is why elimination of Medicare's lifetime cap was a recommendation of the 2016 White House Mental Health and Substance Use Disorder Parity Task Force. While I recognize that this cap was originally intended to limit the Federal Government's role in paying for long-term custodial support of the mentally ill, keeping a cap on inpatient days at psychiatric hospitals—particularly for patients who have been living with serious mental illness from a young age—undermines patient treatment options and can lead to disruptive transitions of care.

During their life, people with serious mental illnesses may need repeated psychiatric inpatient hospital stays to manage their condition and regain quality of life in their community of choice. The 190-day lifetime limit can hurt people by arbitrarily ending coverage and can disrupt care from a provider who is most familiar with the patient. Moreover, when individuals with mental illness cannot receive care in the right setting, they often end up in hospital emergency rooms, in jails, or on the streets—leading to worse long-term outcomes for the individual, more pain and suffering for family members, and a greater cost to the taxpayer.

Outside a psychiatric inpatient hospital, it is difficult for many healthcare facilities to meet the treatment needs of those suffering with severe mental illness. Many general hospitals lack psychiatric care capacity, and there are countless examples of psychiatric boarding in emergency departments. Skilled nursing facilities may also not be best suited to provide the complex and specialized psychiatric care these beneficiaries need. Finally, too many patients find themselves receiving care in prisons, or not at all, if they are on the streets or are on long waitlists for care. As one local sheriff in Aroostook County recently told me, “Law enforcement is not equipped to handle individuals with mental health challenges and yet we are faced with that reality every day.” Similarly, a behavioral health provider in Presque Isle, ME, said, “Imposing a limit may appear to reduce cost; however, the true cost-and toll-on community resources is far greater than any savings incurred by Medicare.”

On top of all of these existing challenges, it is clear the COVID-19 pandemic has increased stress and isolation, disrupted care services, and dramatically changed everyday life and even living environments for many Americans. With research pointing to greater psychological distress during the pandemic for people with mental illnesses, already a particularly vulnerable population, I fear we will be trying to make up for lost strides in behavioral health care for years to come. Now more than ever, we must work on commonsense reforms that provide parity between behavioral and physical health care, as well as strive to increase access to support and improve care coordination.

As the American Hospital Association, which endorses this bill, said, “As we work to further integrate physical and behavioral health to better address the nation's behavioral health needs, one major obstacle to parity remains in the Medicare program—the 190-day lifetime limit on coverage for certain inpatient psychiatric treatment. With the nation's population aging and an increasing number of seniors and people with disabilities seeking inpatient care to address their behavioral health needs, now is the time to repeal this discriminatory policy and ensure that

Medicare beneficiaries can receive necessary inpatient psychiatric care.”

The pandemic may have had a disastrous effect on the mental health of the Nation, but it has also led to more visibility and the understanding that individuals with serious mental illness, their families, and the communities in which they live do not have access to the care and resources they need. I hope we can use what we have learned throughout the pandemic as an opportunity to reduce stigma and make overdue reforms like removing the 190-day lifetime cap on inpatient services in psychiatric hospitals.

Our legislation, the Medicare Mental Health Inpatient Equity Act, is supported by a wide range of organizations, including the American Hospital Association and the Mental Health Liaison Group, a coalition of 57 national organizations representing consumers, family members, and mental health and addiction providers. This includes support from the National Association of Behavioral Healthcare, the American Psychiatric Association, the American Psychological Association, the National Alliance on Mental Illness, and Mental Health America.

I urge my colleagues to support this important critical legislation to bring greater mental health parity to the Medicare Program and give those suffering with serious mental illness access to the care they so desperately need.

Mr. President, I ask unanimous consent that the material be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

AMERICAN HOSPITAL ASSOCIATION,  
Washington, DC, October 20, 2021.

Hon. SUSAN M. COLLINS,

Senate,  
Washington, DC.

Hon. TINA SMITH,  
Senate,

Washington, DC.

DEAR SENATOR COLLINS AND SENATOR SMITH: On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, our clinician partners—including more than 270,000 affiliated physicians, 2 million nurses and other caregivers—and the 43,000 health care leaders who belong to our professional membership groups, the American Hospital Association (AHA) is pleased to support your legislation, the Medicare Mental Health Inpatient Equity Act.

On the front lines of the COVID-19 pandemic, America's hospitals and health systems witness firsthand its far-reaching effects on behavioral health. The stress from unemployment or underemployment, isolation due to quarantine or COVID-19 restrictions, and grief over loved ones lost to the pandemic are possible to manifest in increases in already high rates of deaths from suicides and substance use disorder. Beyond COVID-19, we know that as a country to prioritize resources that support the behavioral health needs of the country. These investments will not only help to stymie the wave of unmet demand for behavioral health services that has been exacerbated by the COVID-19 pandemic, but also improve America's overall health.